BORNEMANN NURSING HOME, INC.

226 BORNEMANN STREET

GREEN BAY Phone: (920) 468-8675 Ownership: Corporation 54302 Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with CBRF? Yes Operate in Conjunction with Hospital? No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): Total Licensed Bed Capacity (12/31/02): 128 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/02: Average Daily Census: 98

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02) %					
Home Health Care Supp. Home Care-Personal Care	No No			Age Groups 	%		43.3 41.1
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	6.7	More Than 4 Years	15.6
Day Services	No	Mental Illness (Org./Psy)	16.7	65 - 74	10.0	[	
Respite Care	No	Mental Illness (Other)	3.3	75 - 84	33.3		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	37.8	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care No		Para-, Quadra-, Hemiplegic	1.1	95 & Over	12.2	Full-Time Equivale	ent
Congregate Meals	No	Cancer	2.2			Nursing Staff per 100 H	Residents
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/02)	
Other Meals	No	Cardiovascular	17.8	65 & Over	93.3		
Transportation	No	Cerebrovascular	10.0			RNs	13.8
Referral Service	No	Diabetes	7.8	Sex	%	LPNs	9.2
Other Services	Yes	Respiratory	4.4			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	36.7	Male	21.1	Aides, & Orderlies	52.4
Mentally Ill	No			Female	78.9		
Provide Day Programming for			100.0			[	
Developmentally Disabled	No				100.0	[	

## Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay	:		amily Care			anaged Care			
Level of Care	No.	olo	Per Diem (\$)	No.	Ŷ	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	11	100.0	205	54	93.1	118	0	0.0	0	21	100.0	143	0	0.0	0	0	0.0	0	86	95.6
Intermediate				4	6.9	98	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	4.4
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	11	100.0		58	100.0		0	0.0		21	100.0		0	0.0		0	0.0		90	100.0

BORNEMANN NURSING HOME, INC.

Impaired ADL (Mean)

Psychological Problems

Nursing Care Required (Mean)

********	*****	*******	*****	*****	*****	*******	*****					
Admissions, Discharges, and		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02										
Deaths During Reporting Period												
					% Needing		Total					
Percent Admissions from:		Activities of	%	As	sistance of	2	Number of					
Private Home/No Home Health	4.3	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents					
Private Home/With Home Health	0.0	Bathing	4.4		66.7	28.9	90					
Other Nursing Homes	0.8	Dressing	3.3		63.3	33.3	90					
Acute Care Hospitals	90.6	Transferring	12.2		61.1	26.7	90					
Psych. HospMR/DD Facilities	0.0	Toilet Use	12.2		61.1	26.7	90					
Rehabilitation Hospitals	0.0	Eating	67.8		23.3	8.9	90					
Other Locations	4.3	*******	*****	*****	*****	******	*****					
Total Number of Admissions	256	Continence		%	Special Treat	ments	%					
Percent Discharges To:		Indwelling Or Extern	al Catheter	8.9	Receiving R	espiratory Care	5.6					
Private Home/No Home Health	30.3	Occ/Freq. Incontinen	t of Bladder	38.9	Receiving T	racheostomy Care	0.0					
Private Home/With Home Health	9.4	Occ/Freq. Incontinen	t of Bowel	30.0	Receiving S	uctioning	1.1					
Other Nursing Homes	1.5				Receiving O	stomy Care	3.3					
Acute Care Hospitals	27.0	Mobility			Receiving T	ube Feeding	0.0					
Psych. HospMR/DD Facilities	0.4	Physically Restraine	d	0.0	Receiving M	echanically Altered Diets	27.8					
Rehabilitation Hospitals	0.4											
Other Locations	11.6	Skin Care			Other Residen	t Characteristics						
Deaths	19.5	With Pressure Sores		6.7	Have Advanc	e Directives	100.0					
Total Number of Discharges		With Rashes		0.0	Medications							
(Including Deaths)	267	I			Receiving P	sychoactive Drugs	17.8					

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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		Own	ership:	Bed	Size:	Lic	ensure:				
	This Proprietary Facility Peer Group		prietary	100	-199	Ski	lled	Al	1		
			Peer	Group	Peer	Group	Faci	lities			
	%	엉	% Ratio		% Ratio		Ratio	9	Ratio		
Occurrency Date: Transport Daily Consus/Tiespard Dade	75 7	04.7	0.00	05 7	0.00	0.5.2	0.00	0 F 1	0.00		
Occupancy Rate: Average Daily Census/Licensed Beds	75.7	84.7	0.89	85.7	0.88	85.3	0.89	85.1	0.89		
Current Residents from In-County	90.0	81.6	1.10	81.9	1.10	81.5	1.10	76.6	1.17		
Admissions from In-County, Still Residing	12.5	17.8	0.70	20.1	0.62	20.4	0.61	20.3	0.62		
Admissions/Average Daily Census	261.2	184.4	1.42	162.5	1.61	146.1	1.79	133.4	1.96		
Discharges/Average Daily Census	272.4	183.9	1.48	161.6	1.69	147.5	1.85	135.3	2.01		
Discharges To Private Residence/Average Daily Census	108.2	84.7	1.28	70.3	1.54	63.3	1.71	56.6	1.91		
Residents Receiving Skilled Care	95.6	93.2	1.03	93.4	1.02	92.4	1.03	86.3	1.11		
Residents Aged 65 and Older	93.3	92.7	1.01	91.9	1.02	92.0	1.01	87.7	1.06		
Title 19 (Medicaid) Funded Residents	64.4	62.8	1.03	63.8	1.01	63.6	1.01	67.5	0.96		
Private Pay Funded Residents	23.3	21.6	1.08	22.1	1.05	24.0	0.97	21.0	1.11		
Developmentally Disabled Residents	0.0	0.8	0.00	0.9	0.00	1.2	0.00	7.1	0.00		
Mentally Ill Residents	20.0	29.3	0.68	37.0	0.54	36.2	0.55	33.3	0.60		
General Medical Service Residents	36.7	24.7	1.48	21.0	1.74	22.5	1.63	20.5	1.79		

48.5

52.3

6.8

1.09

0.34

0.82

49.2 1.08

53.2 0.33

6.9 0.80

52.9

17.8

5.6

1.07

0.32

49.3 1.07

54.0 0.33 7.2 0.77

49.3

54.7

6.7 0.82